

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

DONNA FOUTS, Individually and as	:	
Personal Representative of the Estate of	:	
CLAUDE DAVID HARLEY, Deceased,	:	C.A. No.: 08-425 GMS
and DANNY HARLEY	:	
	:	
Plaintiff,	:	
	:	
v.	:	
	:	
AIRSTREAM INC.; et al.,	:	
	:	
Defendants.	:	

**AFFIDAVIT OF RECEIPT OF
FIRST NOTICE PURSUANT TO 10 DEL C. §3104**

STATE OF DELAWARE :
: SS.
NEW CASTLE COUNTY :

I, A. Dale Bowers, being duly sworn and deposed state that the following is true and correct to the best of my knowledge, information and belief:

1. I am the attorney for plaintiffs in the above-captioned matter.
 2. On July 2, 2008, an envelope containing a First Notice prescribed by 10 Del.C. §3104 was mailed by registered mail to defendant WINNEBAGO INDUSTRIES, INC..
 3. On July 14, 2008, the return receipt of the First Notice was returned to the sender showing proof of delivery.
 4. Attached hereto as Exhibit "A" is the receipt which was given by the United States Post Office at the time of mailing to the person mailing the registered envelope containing the First Notice and the original return receipt which shows acceptance of the First Notice, referred to in Paragraph 2 of this Affidavit.
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A. DALE BOWERS

SWORN TO AND SUBSCRIBED before me this 18 day of July, 2008.

STEPHEN T. MORROW, ESQ.
Attorney at Law
State of Delaware
Notarial Officer Pursuant to
20 Del.C. § 4323(a)(3)


NOTARY PUBLIC

My Commission Expires: _____

Exhibit "A"

Name and address of Sender		Check type of mail or service:		Affix Stamp Here (If issued as a certificate of mailing, or for additional copies of this bill) Postmark and Date of Receipt		Due Sender if COD		DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
Article Number		Addressee (Name, Street, City, State, & ZIP Code)		Postage	Fee	Handling Charge	Actual Value If Registered	Insured Value				
Joseph J. Rhoades, Esquire P.O. Box 874 Wilmington, DE 19899-0874		<input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Delivery Confirmation <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Recorded Delivery (International) <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation		1. RA 311 859 102 US Winnebago Industries Inc., Attn: Raymond M. Beebe 605 W Crystal Lake Road Box 152 Forest City, IA 50436	2.02	10.00		0	0			2.20
2.												
3. RA 311 859 147 US		YARWAY CORPORATION CT Corporation System 350 North St. Paul Street Dallas, TX 75201		2.02	10.00		0	0				2.20
4.												
5. RA 311 859 116 US		YORK INDUSTRIES, INC. 303 Nassau Boulevard Garden City Park, NY 11040		2.02	10.00		0	0				2.20
6.												
7. RA 311 859 093 US		YORK PROCESS SYSTEM - FRICK 11750 Clay Road Houston, TX 77043-1179		2.02	10.00		0	0				2.20
8.												
Total Number of Pieces Listed by Sender	4	Total Number of Pieces Received at Post Office	4	Postmaster, Please leave of receiving employee)		(Fouts)		See Privacy Act Statement on Reverse				

UNITED STATES POSTAL SERVICE

WATERLOO IA 507

11 JUL 2008 PM 1 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Rhoades
P.O. Box 874
Wilm., DE 19899-0874

c/o Dale Fouts

JUL 14 2008

0874



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Winnebago Industries Inc.,
Attn: Raymond M. Beebe
605 W Crystal Lake Road
Box 152
Forest City, IA 504362. Article Number
(Transfer from service label)

RA 311 859 102

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
Jeff Kruttsinger
 B. Received by (Printed Name) C. Date of Delivery
Jeff Kruttsinger 7-11-08
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

102595-02-M-1540